


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S38239** (7)
1. Corporation Name
FYRUF, INC.

Principal Place of Business Mailing Address
P. O. BOX 1031 **P. O. BOX 1031**
CRYSTAL RIVER FL 32623 **CRYSTAL RIVER FL 32623**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3064450	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FULTON, EDGAR L 7996 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 8016 W GULF TO LAKE HWY	
83				84 City Crystal River	
85 Zip Code FL 34429					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULTON, WDGAR L		1.2 NAME	Fulton Edgar			
STREET ADDRESS	7996 W. GULF TO LAKE HWY		1.3 STREET ADDRESS	8016 W GULF TO LAKE HWY			
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARMEN, WAYNE		2.2 NAME				
STREET ADDRESS	7996 W. GULF TO LAKE HWY.		2.3 STREET ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL		2.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHODES, RONALD A		3.2 NAME	Rhodes, Ronald A			
STREET ADDRESS	7996 W. GULF TO LAKE HWY.		3.3 STREET ADDRESS	8016 W GULF T. LAKE HWY			
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MESIC, SAMUEL E JR.		4.2 NAME				
STREET ADDRESS	7996 W. GULF TO LAKE HWY.		4.3 STREET ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME	SAMUEL ANDERSON			
STREET ADDRESS			5.3 STREET ADDRESS	8016 W. GULF T. LAKE HWY			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4-21-98

CR2E034 (10/97)